State of West Virginia Campaign Financial Statement (Short Form) in Relation to 2006 Election Year

IF YOUR ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS "YES," YOU CANNOT USE THIS FORM. YOU MUST USE THE LONG FORM (FORM F-7) TO FILE YOUR CAMPAIGN FINANCE REPORT.

- 1. Has your committee received any loans?
- 2. Has your committee held any fundraisers?
- 3. Has your committee received any miscellaneous receipts, such as refunds or checking account interest?
- 4. Does your committee have any unpaid bills?
- 5. Have you or anyone else given an in-kind contribution to your campaign?
- 6. Has your committee given or received a transfer of excess campaign funds?

Capalidate or Committee Na.	tical Action	Candidate or Committee's Treasure // // // OUC Treasurer's Mailing Address (Street	e	or P.O. Box)	
Office Sought (for candidate	s) District/Division	City, State, Zip Code Graffor WU263	Daytim 54 2	e Phone #	
Election Cycle I Primary - First Report Due March 25- 31, 2006 General - First Report	Reporting Period (chec Pre-primary Report Due April 22- 29, 200	Post-primary Report Due June 3- 9, 2006	Che	Check if Applicable: Amended Report You must also check box of appropriate reporting period Final Report Zero balance required PAC must also file Form F-6 Dissolution	
Due Sept. 2- 8, 2006 Non-Election Cycle Reporting Period:	Due Oct. 21- 28, 200 Annual Report	Calendar Yearday in March or			

REPORT TOTALS

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

		}				
Beginning Balance (ending balance from previous report) 1.		3631.07				
Total Contributions (from Page 2)	2.	+				
Subtotal (lines 1+2)	3.	=3631.07				
Total Expenditures (from Page 2)	4.	- 0				
Ending Balance (lines 3-4)		=3631.07				
*Cannot have a negative ending balance						

TOTAL CONTRIBUTIONS
ELECTION YEAR-TO-DATE
(Add line 2 from all reports)

TOTAL EXPENDITURES
ELECTION YEAR-TO-DATE
(Add line 4 from all reports)

774.29

CONTRIBUTIONS

\$250 or less

\$250 or more

	\$230 OF 1622			Ψ	230 01 111016					
Date	Full Name	Amount	Date			Amount				
				Full Name: Address:		,				
			1	Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political comm	ual) hittee)					
			 	Full Name: Address:						
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				Full Name: Address:						
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				Total Co	ntributions: (\bigcirc				
	Check if additional pages have been atached.			(add boti	1 columns)					
ITEMIZED EXPENDITURES										
Date	Full name, residence address (if per				Purpose	Amount				
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	AS MANY COPIES IS PAGE AS YOU NEED.	*			Total Expenditures:	0				
		OATH O	R AF	FIRMATION						
I, 1000 Source, swear or affirm that the attached statement is true and correct, to the best of my knowledge, of all financial transactions occurring within the period covered by this										
statement, as required by West Virginia Code §3-8-5a.										
	Jinda X	oyce		Signatur	e of Candidate, Agent	, or Treasurer				
Date_	12-5 , 200 6					Sing.				
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